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Complete if Known Substitute for form 1449/PTO **Application Number** 10/517,689 December 10, 2004 Filing Date INFORMATION DISCLOSURE First Named Inventor N. Brambilla STATEMENT BY APPLICANT Art Unit (Use as many sheets as necessary) **Examiner Name** TUNG DE 020157 Attorney Docket Number Sheet 1

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Examiner Initials*	Cite No.1	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		
		Number-Kind Code <sup>2 (8 known)</sup>					
TXL	1	<sup>US-</sup> 2001/0015701	08/23/2001	Ito et al	ALL	343	1700
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